

CONSENT FOR INTRAUTERINE CONTRACEPTION

I, (print or type name) _____,
request Intrauterine Contraception as my family planning method.

I have received and read information for (print or type/kind of intrauterine contraceptive) _____
in the Patient Package Insert that has information
about the benefits and risks of using this method. I was given an opportunity to ask
questions about all forms of birth control, meaning all prescription, non-prescription, and
natural methods. All of my questions were answered to my satisfaction and I understood
all of those answers.

I understand that no method of birth control, except abstinence, is 100% effective
against pregnancy or contracting sexually transmitted diseases, including the Human
Immunodeficiency Virus (HIV) infection that leads to the Acquired Immunodeficiency
Syndrome (AIDS) disease. I understand the IUD will not protect me from sexually
transmitted infections and that I need to use condoms for protection from these
infections.

I have been told that the IUC is 98 -99% effective. IUCs containing progestin ((Mirena®,
or Skyla®, Liletta®, Kyleena™)) may decrease menstrual flow and painful menstrual
periods. I have been told the IUC provides protection from pregnancy (Paragard® – 10
years; Mirena® – 5 years; Skyla® - 3 years; Liletta® - 3 years; Kyleena™ - 5 years).

I understand that I may not be an ideal candidate and/or should not use an IUC if I have:

1. Allergy to copper or silver
2. Blood clotting problems or taking medications for clotting problems
3. Breast cancer
4. Cancer of the uterus, cervix, or ovaries
5. Cirrhosis or liver tumors
6. Current pelvic infection (PID), (Chlamydia, gonorrhea)
7. Ischemic heart disease (current or history of)
8. Lupus
9. Pelvic Tuberculosis
10. Solid organ transplant
11. Uterine fibroids
12. Vaginal bleeding (undiagnosed)
13. Wilsons Disease

RISKS/ SIDE EFFECTS

I understand that side effects sometimes associated with the IUD include:

1. Menstrual bleeding changes and/or spotting between periods – very common
and will vary with the IUC used
2. Partial or complete expulsion of device – you can become pregnant if this
happens
3. Puncturing of the uterus (called perforation) rarely occurs, but sometimes surgery
is needed to remove the IUC.
4. Failure of the IUC (pregnancy – either within the uterus or ectopic / tubal
pregnancy).

WARNING SIGNS: I have been told that I need to call if I have any of the following early warning signs develop:

- Delayed or abnormal menstrual period (pregnancy), abnormal spotting or bleeding
- Abdominal pain, pain with intercourse
- Infection exposure (such as gonorrhea), abnormal discharge (PID)
- Not feeling well, fever, chills, faintness
- String missing, shorter or longer than previously felt

ALTERNATIVES: I have received written information about other methods of birth control and I choose an IUC.

INSTRUCTIONS: I have been told how the IUC is inserted. I have read and will follow the instructions provided to me. I understand I should check for the IUC string after each monthly period.

DECISION TO DISCONTINUE USE: I understand that I may have the IUC removed at any time. If I do not desire to become pregnant, I have been told I may request to have another IUC inserted or choose to use another method of birth control

I have had a chance to ask questions and have had my questions answered.

Date: _____ Patient Signature: _____

Please complete the following if interpretation of informed consent was required:

- An interpreter was offered to the patient. ☐ yes ☐ no
- This form has been read to the patient in the patient's spoken language. ☐ yes ☐ no
- Patient's Language (specify): _____
- Interpreter Name: _____
(print or type name of interpreter)
- Interpreter Services provided by(agency): _____
- Date: _____ Interpreter Signature: _____

Staff Use only

By my signature I affirm that:

- The patient has read this form or had it read to her by an interpreter.
- The patient states that she understands this information.
- The patient has indicated that she has no further questions.

Date: _____ Staff Signature: _____